

FORM APPROVED  
OMB NO. 0579-0036

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code)  
 Arizona State University  
 Dept. of Animal Care & Technologies  
 Tempe, AZ 85287  
 480/965-4385

[illegible]

## ASSURANCE STATEMENTS

1. Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
2. Each principal investigator has considered alternatives to painful procedures.
3. This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.
4. The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

I certify that the above is true, correct, and complete (7 U.S.C. Section 2143).

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**DATE SIGNED**

10/4/07

ATTACHMENT TO ANNUAL REPORT OF RESEARCH FACILITY

November 15, 2004  
Arizona State University  
Department of Animal Care & Technologies

Facility Locations where USDA covered animal are located:

Life Sciences B  
Life Sciences C  
Schwada Classroom Office Building  
Price Road Facility

NOV 12 2004

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 86-R-0005  
CUSTOMER NUMBER: 1045

FORM APPROVED  
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY  
( TYPE OR PRINT )

Northern Arizona University  
Biological Sciences Annex  
Box 4130  
Flagstaff, AZ 86011

Telephone: (928) -523-4880

3. REPORTING FACILITY ( List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary )

Biological Sciences Annex  
Coconino County, Kiabab Plateau

FACILITY LOCATIONS ( Sites ) - See Attached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessary or use APHIS Form 7023A )

A. Animals Covered By The Animal Welfare Regulations	B. Number of animal being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals an for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.	E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for wh the use of appropriate anesthetic, analgesic, or tranquiliz drugs would have adversely affected the procedures, res or interpretation of the teaching, research, experiments, surgery, or tests. ( An explanation of the procedures producing pain or distress in these animals and the reas such drugs were not used must be attached to this report	F. TOTAL NUMBER OF ANIMALS  ( COLUMNS C + D + E )
4. Dogs					
5. Cats					
6. Guinea Pigs					
7. Hamsters					
8. Rabbits					
9. Non-human Primates					
10. Sheep					
11. Pigs					
12. Other Farm Animals					
13. Other Animals					
Cougar		3			3
Striped skunk		28			28
Cottontail sp.		1			1

ASSURANCE STATEMENTS

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- 2) Each principal investigator has considered alternatives to painful procedures.
- 3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and app Institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary in brief explanation of the exceptions, as well as the species and number of animals affected.
- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL  
( Chief Executive Officer or Legally Responsible Institutional Official )

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL ( Type or Print )

DATE SIGNED

11-5-04

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO.

86-R-0005

FORM APPROVED  
OMB NO. 0579-0036

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code)

Northern Arizona University - Bio Science Annex  
Box 4130  
Flagstaff, AZ 86011  
(928) 523-4880

CONTINUATION SHEET FOR ANNUAL REPORT  
OF RESEARCH FACILITY  
(TYPE OR PRINT)

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use this form.)

A. Animals Covered By The Animal Welfare Regulations  ----- 12. &/OR 13. Other (List by species)	B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.	E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasons such drugs were not used must be attached to this report).	F. TOTAL NO. OF ANIMALS  (Cols. C + D + E)
black-tailed jackrabbit		16			16
gollon Vole		26			26
er Mouse		368			368
ush Mouse		120			120
rvest Mouse		8			8
nyon Mouse		112			112
ng-tailed Mouse		48			48
ouse Mouose		4			4
anyon Mouse		151			151
actus Mouse		184			184
hite-footed Mouse sp.		17			17
hipmunk Sp.		2			2
rey-collared Chipmunk		7			7
liff Chipmunk		8			8
hite-throated Woodrat		4			4
rizona Woodrat		8			8
esert Woodrat		163			163
tephen's Woodrat		5			5
exican Woodrat		3			3

ASSURANCE STATEMENTS

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2. Each principal investigator has considered alternatives to painful procedures.
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4. The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL  
(Chief Executive Officer or Legally Responsible Institutional Official)

I certify that the above is true, correct, and complete (7 U.S.C. Section 2143).

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL

DATE SIGNED

11-5-04

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO.

86-R-0005

FORM APPROVED  
OMB NO. 0579-0036

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code)

Northern Arizona University  
Biological Sciences Annex  
Box 4130  
Flagstaff, AZ 86011  
(928) 523-4880

CONTINUATION SHEET FOR ANNUAL REPORT  
OF RESEARCH FACILITY  
(TYPE OR PRINT)

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use this form.)

A. Animals Covered By The Animal Welfare Regulations  ----- 12. &/OR 13. Other (List by species)	B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.	E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasons such drugs were not used must be attached to this report).	F. TOTAL NO. OF ANIMALS  (Cols. C + D + E)
antelope Ground Squirrel	1				1
white-tailed antelope squirrel	13				13
Ariz. arizonae antelope Squirrel	2				2
black Squirrel	2				2
black Pocket Mouse	5				5
San Diego Pocket Mouse	19				19
black Pocket Mouse	25				25
desert Pocket Mouse	72				72
gray Pocket Mouse	4				4
black Pocket Mouse sp.	17				17
Arizona Pockets Mouse	35				35
Ariz. Pocket Mouse	2				2
white Pocket mouse	67				67
Great basin Pocket Mouse	9				9
Ariz. Kangaroo Rat	1				1
desert Kangaroo Rat	15				15
Ariz. Kangaroo Rat	158				158
Northern Grasshopper Mouse	2				2
Southern Grasshopper Mouse	4				4

ASSURANCE STATEMENTS

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CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL  
(Chief Executive Officer or Legally Responsible Institutional Official)

I certify that the above is true, correct, and complete (7 U.S.C. Section 2143).

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

DATE SIGNED

11-5-04

FORM APPROVED  
OMB NO. 0579-0036

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA.  
Include Zip Code)  
Northern Arizona University  
Biological Sciences Annex  
Box 4130  
Flagstaff, AZ 86011  
(928) 523-4880

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use this form.)

## ASSURANCE STATEMENTS

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DATE SIGNED

11-5-04

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 86-R-0006  
CUSTOMER NUMBER: 1049

FORM APPROVED  
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY  
( TYPE OR PRINT )

Catholic Healthcare West II  
St. Joseph Hos & Med. Ctr./Barrow Neur. Inst.  
350 West Thomas Rd.  
Phoenix, AZ 85013

Telephone: (602) -406-3000

3. REPORTING FACILITY ( List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary )

FACILITY LOCATIONS ( Sites ) - See Attached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessary or use APHIS Form 7023A )

A.  Animals Covered By The Animal Welfare Regulations	B. Number of animal being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not ye used for such purposes.	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use o pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals an for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.	E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for wh the use of appropriate anesthetic, analgesic, or tranquiliz drugs would have adversely affected the procedures, res or interpretation of the teaching, research, experiments, surgery, or tests. ( An explanation of the procedures producing pain or distress in these animals and the reas such drugs were not used must be attached to this report	F.  TOTAL NUMBER OF ANIMALS  ( COLUMNS C + D + E )
4. Dogs	3	0	9	0	9
5. Cats	8	2	20	0	22
6. Guinea Pigs	0	0	0	0	0
7. Hamsters	0	0	0	0	0
8. Rabbits	0	0	0	0	0
9. Non-human Primates	11	0	31	0	31
10. Sheep	0	0	0	0	0
11. Pigs	5	0	136	0	136
12. Other Farm Animals	0	0	0	0	0
13. Other Animals					

ASSURANCE STATEMENTS

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CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL  
( Chief Executive Officer or Legally Responsible Institutional Official )

DATE SIGNED

11-22-04

NOV 29 2004

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 86-R-0009  
CUSTOMER NUMBER: 1051

FORM APPROVED  
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY  
(TYPE OR PRINT)

W. L. Gore & Associates, Inc.  
1505 N. Fourth Street  
Flagstaff, AZ 86001

Telephone: (928) -526-3030

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary)

FACILITY LOCATIONS (Sites) - See Attached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS Form 7023A)

A. Animals Covered By The Animal Welfare Regulations	B. Number of animal being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.	E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reason such drugs were not used must be attached to this report)	F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E)
4. Dogs	18	0	149	0	149
5. Cats	0	0	0	0	0
6. Guinea Pigs	0	0	0	0	0
7. Hamsters	0	0	0	0	0
8. Rabbits	0	0	122	0	122
9. Non-human Primates	0	0	0	0	0
10. Sheep	1	0	16	0	16
11. Pigs	2	0	113	0	113
12. Other Farm Animals	0	0	0	0	0
13. Other Animals	0	0	0	0	0

ASSURANCE STATEMENTS

- Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
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CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL  
(Chief Executive Officer or Legally Responsible Institutional Official)

DATE SIGNED

11/10/04

NOV 12 2004



UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE	1. CERTIFICATE NUMBER: 86-R-0022 CUSTOMER NUMBER: 1058	FORM APPROVED OMB NO. 0579-0036
	Primate Foundation Of Arizona P. O. Box 20027 Mesa, AZ 85277  Telephone: (480)-832-3780	

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary)

FACILITY-LOCATIONS ( Sites ) - See Attached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessary or use APHIS Form 7023A )

A. Animals Covered By The Animal Welfare Regulations	B. Number of animal being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals an for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.	E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for wh the use of appropriate anesthetic, analgesic, or tranquiliz drugs would have adversely affected the procedures, res or interpretation of the teaching, research, experiments, surgery, or tests. ( An explanation of the procedures producing pain or distress in these animals and the reasc such drugs were not used must be attached to this report	F. TOTAL NUMBER OF ANIMALS  ( COLUMNS C + D + E )
4. Dogs					
5. Cats					
6. Guinea Pigs					
7. Hamsters					
8. Rabbits					
9. Non-human Primates		73			73
10. Sheep					
11. Pigs					
12. Other Farm Animals					
13. Other Animals					

ASSURANCE STATEMENTS

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CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL	
SIGN.	TE SIGNED 9/25/04

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 86-R-0030  
CUSTOMER NUMBER: 1275

FORM APPROVED  
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY  
(TYPE OR PRINT)

Alcor Life Extension Foundation  
7895 E. Acoma Drive, Ste 110  
Scottsdale, AZ 85260

Telephone: (480) -905-1906

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary)

FACILITY LOCATIONS (Sites) - See Attached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS Form 7023A)

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4. Dogs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Cats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Guinea Pigs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Hamsters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Rabbits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Non-human Primates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Sheep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Pigs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Other Farm Animals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Other Animals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ASSURANCE STATEMENTS

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CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL  
(Chief Executive Officer or Legally Responsible Institutional Official)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)

DATE SIGNED

9/22/04



3. REPORTING FACILITY ( List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary )

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessary or use APHIS Form 7023A )

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4. Dogs		1	9		10
5. Cats		1	7		8
6. Guinea Pigs					
7. Hamsters					
8. Rabbits					
9. Non-human Primates					
10. Sheep					
11. Pigs					
12. Other Farm Animals					
13. Other Animals					

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
- 2) Each principal investigator has considered alternatives to painful procedures.
- 3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.

11/22/04

FORM APPROVED  
OMB NO. 0579-0036

Telephone: (520) -206-7414

**FACILITY LOCATIONS ( Sites ) - See Attached Listing**

A. Animals Covered By The Animal Welfare Regulations	B. Number of animal being bred, or conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals an for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.	E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for wt the use of appropriate anesthetic, analgesic, or tranquiliz drugs would have adversely affected the procedures, res or interpretation of the teaching, research, experiments, surgery, or tests. ( An explanation of the procedures producing pain or distress in these animals and the reas such drugs were not used must be attached to this report	F.  TOTAL NUMBER OF ANIMALS  ( COLUMNS C + D + E )
4. Dogs		1	9		10
5. Cats		1	7		8
6. Guinea Pigs					
7. Hamsters					
8. Rabbits					
9. Non-human Primates					
10. Sheep					
11. Pigs					
12. Other Farm Animals					
13. Other Animals					

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
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- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

4/11/04

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 86-R-0034  
CUSTOMER NUMBER: 3442

FORM APPROVED  
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY  
( TYPE OR PRINT )

Arizona-Sonora Desert Museum  
2021 N. Kinney Rd.  
Tucson, AZ 85743

Telephone: (520) -883-1380

3. REPORTING FACILITY ( List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary )

FACILITY LOCATIONS ( Sites ) - See Attached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessary or use APHIS Form 7023A )

A.  Animals Covered By The Animal Welfare Regulations	B. Number of animal being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals an for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.	E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for wh the use of appropriate anesthetic, analgesic, or tranquiliz drugs would have adversely affected the procedures, res or interpretation of the teaching, research, experiments, surgery, or tests. ( An explanation of the procedures producing pain or distress in these animals and the reas such drugs were not used must be attached to this report	F.  TOTAL NUMBER OF ANIMALS  ( COLUMNS C + D + E )
4. Dogs	0	0	0	0	0
5. Cats	0	0	0	0	0
6. Guinea Pigs	0	0	0	0	0
7. Hamsters	0	0	0	0	0
8. Rabbits	0	0	0	0	0
9. Non-human Primates	0	0	0	0	0
10. Sheep	0	0	0	0	0
11. Pigs	0	0	0	0	0
12. Other Farm Animals	0	0	0	0	0
13. Other Animals	5	5	0	0	5
California leaf nose bats					

ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual rese: teaching, testing, surgery, or experimentation were followed by this research facility.
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- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL

( Chief Executive Officer or Legally Responsible Institutional Official )

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL ( Type or Print )

DATE SIGNED

10/31/04

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO.

86-V-002

FORM APPROVED  
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY  
(TYPE OR PRINT)

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code)

Southern AZ VA Health Care System  
Research Service Line (0-151)  
3601 S. 6th Ave.  
Tucson, AZ 85723

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes. Attach additional sheets if necessary.)

FACILITY LOCATIONS (Sites)

ARF - Bldg. 56, Bldg. 10 - Research Labs

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS FORM 7023A.)

A. Animals Covered By The Animal Welfare Regulations	B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	C. Number of animals upon which teaching, research, experiments, or tests were conducted - involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.	E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasons such drugs were not used must be attached to this report).	F. TOTAL NO. OF ANIMALS (Cols. C + D + E)
4. Dogs	0	0	0	0	0
5. Cats	0	0	0	0	0
6. Guinea Pigs	0	0	0	0	0
7. Hamsters	0	0	0	0	0
3. Rabbits	0	0	0	0	0
9. Non-human Primates	0	0	0	0	0
10. Sheep	0	0	0	0	0
11. Pigs	0	0	0	0	0
12. Other Farm Animals	0	0	0	0	0
13. Other Animals					
Rats	0	0	811	0	811
Mice			49	0	49

ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
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- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL  
(Chief Executive Officer or Legally Responsible Institutional Official)

I certify that the above is true, correct, and complete (7 USC 2143)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

L (Type or Print)

DATE SIGNED

DEC - 1 2004

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO.

86-V-002

FORM APPROVED  
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY  
(TYPE OR PRINT)

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code)

Southern AZ VA Health Care System  
Research Service Line (0-151)  
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4. Dogs	0	0	0	0	0
5. Cats	0	0	0	0	0
6. Guinea Pigs	0	0	0	0	0
7. Hamsters	0	0	0	0	0
8. Rabbits	0	0	0	0	0
9. Non-human Primates	0	0	0	0	0
10. Sheep	0	0	0	0	0
11. Pigs	0	0	0	0	0
12. Other Farm Animals	0	0	0	0	0
13. Other Animals					
Rats	0	0	811	0	811
Mice			49	0	49

ASSURANCE STATEMENTS

- 1). Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
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CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL  
(Chief Executive Officer or Legally Responsible Institutional Official)

I certify that the above is true, c

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

(Type or Print)

DATE SIGNED

EC 13 2004